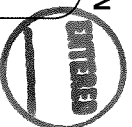


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
Stamp (Rec'd)
OCT 24 2017



Permit #:	17-0448
Date:	11-3-17
Amount Paid:	75 1026-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: <u>Peeler Living Trust</u>		Mailing Address: <u>560 W 21st St</u>		City/State/Zip: <u>MONROE WI 53566</u>		Telephone: <u>608-325-4430</u>		Cell Phone: <u>-</u>		Plumber Phone: <u>-</u>		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address of Property: <u>67225 ORLOWSKI RD</u>		City/State/Zip: <u>IRON RIVER WI 54847</u>		Agent Mailing Address (include City/State/Zip): <u>715-372-5058 67225 Orlofski Rd WI 54847</u>		Recorded Document (i.e. Property Ownership): <u>858</u>		Subdivision: <u>858</u>		Lot Size: <u>7.1</u>		Acreage: <u>7.1</u>	
Contractor: <u>Tracy Peeler</u>		Contractor Phone: <u>-</u>		Plumber: <u>-</u>		Agent Phone: <u>715-372-5058</u>		Agent Mailing Address (include City/State/Zip): <u>715-372-5058 67225 Orlofski Rd WI 54847</u>		Recorded Document (i.e. Property Ownership): <u>858</u>		Subdivision: <u>858</u>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u>715-372-5058</u>		Agent Mailing Address (include City/State/Zip): <u>715-372-5058 67225 Orlofski Rd WI 54847</u>		Recorded Document (i.e. Property Ownership): <u>858</u>		Subdivision: <u>858</u>		Lot Size: <u>7.1</u>		Acreage: <u>7.1</u>	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# <u>18421</u>		Distance Structure is from Shoreline: <u>75</u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<u>1/4, 1/4</u>		<u>Gov't Lot 4</u>		<u>Lot(s) 4</u>		<u>CSM 858/892</u>		<u>Vol & Page 858/892</u>		<u>Lot(s) No.</u>		<u>Block(s) No.</u>	
Section <u>14</u> , Township <u>47</u> N, Range <u>9</u> W		Town of: <u>HUGHES</u>		Distance Structure is from Shoreline: <u>75</u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		If yes---continue →		Distance Structure is from Shoreline: <u>75</u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland													

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
<u>\$ 15,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>French</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>50</u>	Width: <u>25</u>	Height: <u>14</u>
Proposed Construction:	Length: <u>20</u>	Width: <u>12</u>	Height: <u>10</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Addition/Alteration	(specify) <u>3 Seasonal Porch</u>	(<u>20</u> X <u>12</u>)	<u>240</u>
<input type="checkbox"/> Accessory Building	(specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building Addition/Alteration	(specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Special Use: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Conditional Use: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent Tracy Peeler Date 10/23/17

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

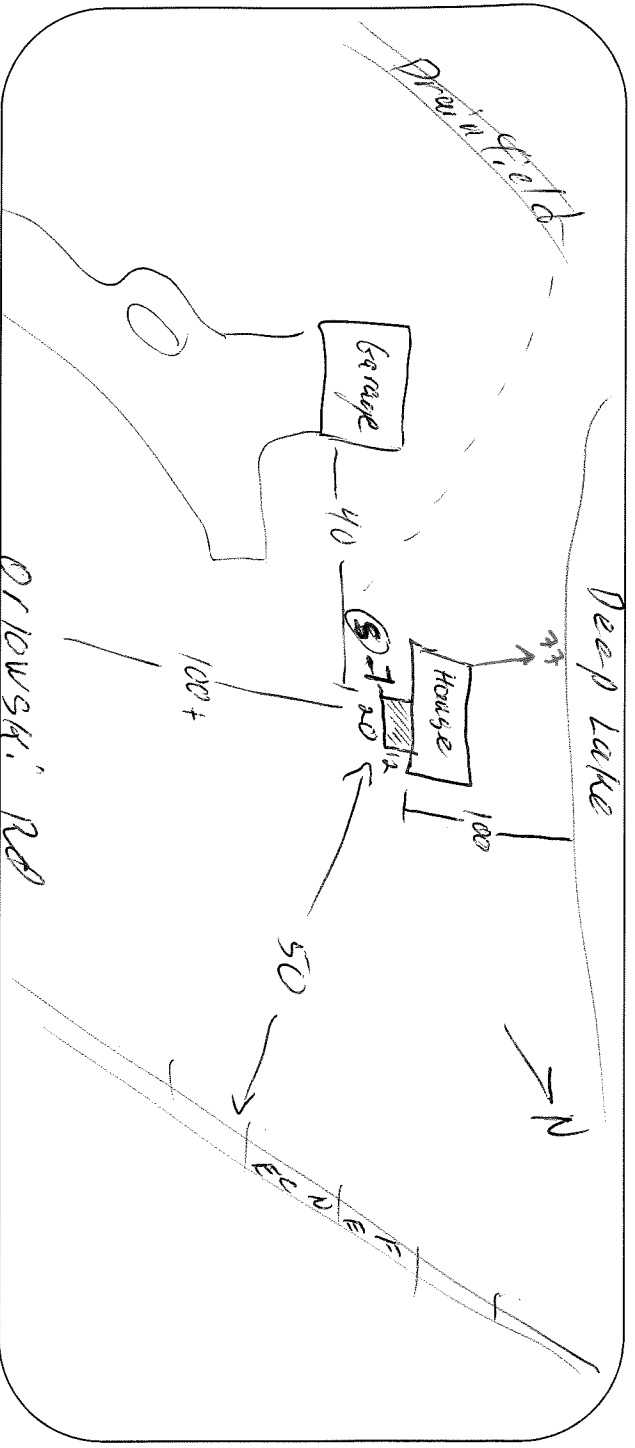
Address to send permit 67225 Orlofski Rd Iron River 54847

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road 200	100' +	Setback from the Lake (ordinary high-water mark)	House - 77'
Setback from the Established Right-of-Way 107	100' +	Setback from the River, Stream, Creek	100'
Setback from the North Lot Line	77'	Setback from the Bank or Bluff	-
Setback from the South Lot Line	1420'	Setback from Wetland	1000'
Setback from the West Lot Line	75'	20% Slope Area on the property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	50'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7'	Setback to Well	30'
Setback to Drain Field	80'		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 13-1385	# of bedrooms: 3	Sanitary Date: 11-19-13
Permit Denied (Date):		Reason for Denial:		
Permit #: 170448		Permit Date: 11-3-17		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case #: NA		Case #: NA		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: Project location as represented by owner's drawings		Zoning District (F&S)		
Code Compliance location. OK to issue LU Permit.		Lakes Classification (2)		
Date of Inspection: 11/1/2017		Inspected by: Robert Schierman		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
Must Contact local Uniform Dwelling Code (UDC) inspection				
Sewer and Secure UDC Permit if required.				
Signature of Inspector:		Date of Approval: 11/2/2017		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 13-138S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0448** Issued To: **Pooler Living Trust / Tracy Pooler, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **14** Township **47** N. Range **9** W. Town of **Hughes**

Wly 200' of Ely 300' in

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; 3 Season Porch (20' x 12') = 240 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency and secure UDC permit if required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

November 3, 2017

Date